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Case 09-36814 B1 (Official Form 1) (1/08) Doc 1 Filed 10/02/09 Entered 10/02/09 02:06:46 Desc Main Document Page 1 of 42 **United States Bankruptcy Court Voluntary Petition Northern District of Illinois** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Porter, Rodney All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9352 EIN (if more than one, state all): Street Address of Debtor (No. & Street, City, State & Zip Code): Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 8922 S Ada St Apt 2 Chicago, IL ZIPCODE **60620-3401** ZIPCODE County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: Mailing Address of Joint Debtor (if different from street address): Mailing Address of Debtor (if different from street address) ZIPCODE ZIPCODE Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE

|  |                                    |                               |                                   |  |  |                            |                           |  |   | -                                 | III CODE                            |
|--|------------------------------------|-------------------------------|-----------------------------------|--|--|----------------------------|---------------------------|--|---|-----------------------------------|-------------------------------------|
|  | (Form                              | ype of Debton<br>of Organizat | cion)                             |  |  | of Business<br>one box.)   | 3                         | Chapter of Bankruptcy Code the Petition is Filed (Chec |   |                                   |                                     |
| (Check <b>one</b> box.)  ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)   |                                    |                               | ☐ Sin,<br>U.S<br>☐ Rai<br>☐ Sto   | Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker |  |                            |                           | Chapter 7  |   |                                   |                                     |
|  |                                    |                               |                                   | Clearing Bank Other  |  |                            |                           |  |   |                                   |                                     |
|  |                                    |                               |                                   | Titl   | Tax-Exe<br>(Check box,<br>otor is a tax-exe<br>e 26 of the Unit<br>ornal Revenue C | mpt organiz<br>ed States C | ole.)<br>zation under     | de<br>§ 1<br>inc<br>pe                                 | bts, defined in 1<br>l01(8) as "incur<br>lividual primaril<br>rsonal, family, o<br>ld purpose." | 1 U.S.C.<br>red by an<br>ly for a | Debts are primarily business debts. |
|  |                                    | Filing                        | Fee (Check or                     | ne box)  |  |                            |                           | -  | Chapter 11 l  | Debtors                           |                                     |
| Full Filing Fee attached  Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  Check one box:  Debtor is a small business debtor as defined in 11 U.  Check if:  Debtor's aggregate noncontingent liquidated debts or affiliates are less than \$2,190,000. |                                    |                               |                                   |  |  |                            | 1 U.S.C. § 101(51D).      |  |   |                                   |                                     |
| Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  Check all applicable boxes:  A plan is being filed with this petition  Acceptances of the plan were solicited prepetition fro creditors, in accordance with 11 U.S.C. § 1126(b).  |                                    |                               |                                   |  |  |                            | om one or more classes of |  |   |                                   |                                     |
| ☐ Deb  | or estimates<br>or estimates       |                               | ill be available<br>y exempt prop |  | n to unsecured c<br>d and administra   |                            | ses paid, the             | ere will be 1  | no funds availab  | le for                            | THIS SPACE IS FOR<br>COURT USE ONLY |
| Estimated  1-49  | l Number of  50-99                 | Creditors 100-199             | 200-999                           | 1,000-<br>5,000  | 5,001-<br>10,000   | 10,001-<br>25,000          | 25,0<br>50,0              |  | 50,001-<br>100,000  | Over 100,000                      |                                     |
| Estimate \$\sqrt{2}\) \$0 to \$50,000  |                                    | \$100,001 to \$500,000        | \$500,001 to \$1 million          | \$1,000,001 to \$10 million  | \$10,000,001<br>to \$50 million  | \$50,000,0<br>\$100 milli  |                           | ),000,001<br>500 million                               | \$500,000,001 to \$1 billion  | More than \$1 billion             |                                     |
| Estimate \$\sqrt{2}\$ \$0 to \$50,000  | 1 Liabilities  50,001 to \$100,000 | \$100,001 to \$500,000        | \$500,001 to \$1 million          | \$1,000,001 to \$10 million  | \$10,000,001<br>to \$50 million  | \$50,000,0<br>\$100 milli  |                           | ),000,001<br>500 million                               | \$500,000,001<br>to \$1 billion   | More than \$1 billion             |                                     |
|  |                                    |                               |                                   |  |  |                            |                           |  |   |                                   |                                     |

| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Location Where Filed: Northern District Of Illinois  | Case Number: <b>00-36095</b>   | Date Filed: <b>12/8/00</b>                  |  |  |  |  |  |
| Location<br>Where Filed: <b>Northern District Of Illinois</b>  | Case Number: <b>07-09084</b>   | Date Filed: <b>5/18/07</b>                  |  |  |  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor   | (If more than one, attach additional sheet) |  |  |  |  |  |
| Name of Debtor: None   | Case Number:   | Date Filed:                                 |  |  |  |  |  |
| District:  | Relationship:  | Judge:                                      |  |  |  |  |  |
| Exhibit A  e completed if debtor is required to file periodic reports (e.g., forms and 10Q) with the Securities and Exchange Commission pursuant to on 13 or 15(d) of the Securities Exchange Act of 1934 and is esting relief under chapter 11.)  Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing periodic reports (e.g., forms whose debts are primarily consumer debts.)  I, the attorney for the petitioner that [he or she] may chapter 7, 11, 12, or 13 of title 11, United States Consumer to the petitioner that I delivered to the debtor the notice required by § Bankruptcy Code.  |  |   |  |  |  |  |  |
|  | X /s/ Troy L Gleason Signature of Attorney for D   |   |  |  |  |  |  |
| Exhibit D  To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  Exhibit D completed and signed by the debtor is attached and made a part of this petition.  This is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.   |  |   |  |  |  |  |  |
| Information Regarding the Debtor - Venue   |  |   |  |  |  |  |  |
|  | pplicable box.)<br>of business, or principal ass   |   |  |  |  |  |  |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general  | partner, or partnership pend   | ling in this District.                      |  |  |  |  |  |
| or has no principal place of business or assets in the United States   | Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |   |  |  |  |  |  |
| Certification by a Debtor Who Resident (Check all app Landlord has a judgment against the debtor for possession of debtor | olicable boxes.)   |   |  |  |  |  |  |
| (Name of landlord or less  | or that obtained judgment)   |   |  |  |  |  |  |
| (Address of lar  | ndlord or lessor)  |   |  |  |  |  |  |
| (Address of landlord or lessor)  Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure  |  |   |  |  |  |  |  |

the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Desc Main

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Name of Debtor(s):

Porter, Rodney

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filing of the petition.

(This page must be completed and filed in every case)

**Voluntary Petition** 

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| <b>Voluntary Petition</b> | Vol | luntary | Petition |
|---------------------------|-----|---------|----------|
|---------------------------|-----|---------|----------|

(This page must be completed and filed in every case)

Name of Debtor(s):

Porter, Rodney

# Signatures

# $Signature(s) \ of \ Debtor(s) \ (Individual/Joint)$

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signat | ure of Debtor       | Rodney Porte |
|--------|---------------------|--------------|
|        |                     |              |
| Signat | ure of Joint Debtor |              |

# Signature of Attorney\*

X /s/ Troy L Gleason

October 2, 2009

Signature of Attorney for Debtor(s)

Troy L Gleason 6276510 Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com

# October 2, 2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

# Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signatur   | e of Author | zed Individua  | al     |  |
|------------|-------------|----------------|--------|--|
| Printed N  | Name of Au  | thorized Indiv | vidual |  |
| Title of A | Authorized  | ndividual      |        |  |
|            |             |                |        |  |

# Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

| I request relief in accordance with chapter 15 of title 11, United   |
|--|
| States Code. Certified copies of the documents required by 11 U.S.C. |
| § 1515 are attached.   |

| Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the   |
|---|
| chapter of title 11 specified in this petition. A certified copy of the |
| order granting recognition of the foreign main proceeding is attached.  |

| Signature o | f Foreign Rep | presentative  |    |  |
|-------------|---------------|---------------|----|--|
| Printed Na  | me of Foreign | Representativ | re |  |
|             |               |               |    |  |

# **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address |  |  |  |
|---------|--|--|--|
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

# UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

# 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

# 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

# Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

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1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

# **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

# Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

# 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

Printed Name and title, if any, of Bankruptcy Petition Preparer

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

## Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Social Security number (If the bankruptcy

| Address:  | the Social Security                     |                        |
|---|---|------------------------|
| Signature of Bankruptcy Petition Preparer of officer, principal, respartner whose Social Security number is provided above. |   |                        |
| Certificate I (We), the debtor(s), affirm that I (we) have received and read this   | of the Debtor notice.                   |                        |
| Printed Name(s) of Debtor(s)  | X /s/ Rodney Porter Signature of Debtor | <b>10/02/2009</b> Date |
| Case No. (if known)   | X                                       | Date                   |

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Debtor(s)

(If known)

# **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
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(If known)

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Debtor(s)

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Case No. \_

# **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  N E |   |   | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----------------------|---|---|---|---------------------------------------|--|
| 1.                    | Cash on hand.   |   | Cash on Hand  |                                       | 50.00  |
| 2.                    | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |   | Checking account  |                                       | 900.00   |
| 3.                    | Security deposits with public utilities, telephone companies, landlords, and others.  |   | Security Deposit w/ Landlord - \$750 - No value to the Debtor   |                                       | 0.00   |
| 4.                    | Household goods and furnishings, include audio, video, and computer equipment.  |   | Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.          |                                       | 1,000.00   |
| 5.                    | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |   | Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles |                                       | 250.00   |
| 6.                    | Wearing apparel.  |   | Used Clothing   |                                       | 250.00   |
| 7.                    | Furs and jewelry.   | Х |   |                                       |  |
| 8.                    | Firearms and sports, photographic, and other hobby equipment.   | Х |   |                                       |  |
| 9.                    | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X |   |                                       |  |
| 10.                   | Annuities. Itemize and name each issue.   | X |   |                                       |  |
| 11.                   | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X |   |                                       |  |
| 12.                   | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |   | Pension with Teamsters - 100% Exempt  |                                       | 5,000.00   |
| 13.                   | Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х |   |                                       |  |
| 14.                   | Interests in partnerships or joint ventures. Itemize.   | Х |   |                                       |  |
|                       |   |   |   |                                       |  |

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Debtor(s)

\_\_\_\_ Case No. \_\_\_\_ (If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     |   |                  |                                      |                                       | 1  |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | Х                |                                      |                                       |  |
| 16. | Accounts receivable.  | X                |                                      |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | Х                |                                      |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |                                       |  |
|     | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 1996 Ford Thunderbird                |                                       | 1,000.00   |
| 26. | Boats, motors, and accessories.   | X                |                                      |                                       |  |
|     | Aircraft and accessories.   | X                |                                      |                                       |  |
|     | Office equipment, furnishings, and supplies.  | X                |                                      |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |                                       |  |
|     | Inventory.  | X                |                                      |                                       |  |
|     | Animals.  | X                |                                      |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

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Debtor(s)

(If known)

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# **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|--|------------------|--------------------------------------|------------------------------------|--|
| 33. Farming equipment and implements.                                | X                |                                      |                                    |  |
| 34. Farm supplies, chemicals, and feed.                              | X<br>X           |                                      |                                    |  |
| 35. Other personal property of any kind not already listed. Itemize. |                  |                                      |                                    |  |
|  |                  | TO                                   | ΓAL                                | 8,450.00   |

IN RE Porter, Rodney

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# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY   | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE<br>OF PROPERTY<br>WITHOUT DEDUCTING<br>EXEMPTIONS |
|---|--------------------------------------|-------------------------------|---|
| SCHEDULE B - PERSONAL PROPERTY  |                                      |                               | EMENT TO US   |
| Cash on Hand  | 735 ILCS 5 §12-1001(b)               | 50.00                         | 50.00   |
| Checking account  | 735 ILCS 5 §12-1001(b)               | 900.00                        | 900.00  |
| Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.          | 735 ILCS 5 §12-1001(b)               | 1,000.00                      | 1,000.00  |
| Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles | 735 ILCS 5 §12-1001(a)               | 250.00                        | 250.00  |
| Used Clothing   | 735 ILCS 5 §12-1001(a)               | 250.00                        | 250.00  |
| Pension with Teamsters - 100% Exempt  | 735 ILCS 5 §12-1006(a)               | 100%                          | 5,000.00  |
| 1996 Ford Thunderbird   | 735 ILCS 5 §12-1001(c)               | 1,000.00                      | 1,000.00  |
|   |                                      |                               |   |

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# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY  |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|---|
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          | l                                     | Value \$   | ┨          |              |          |   |   |
|  |          |                                       | value \$   | ⊢          | ⊢            |          |   |   |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          |                                       | Value \$   | 1          |              |          |   |   |
| ACCOUNT NO.  |          |                                       |  | Т          | Г            |          |   |   |
| The second free  |          |                                       |  |            |              |          |   |   |
|  |          | j                                     |  |            |              | İ        |   |   |
|  |          |                                       |  |            |              |          |   |   |
|  |          | l                                     | V. 1   | ┨          | l            |          |   |   |
|  |          |                                       | Value \$   | ┡          | L            |          |   |   |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       |  |            | ļ            |          |   |   |
|  |          |                                       |  |            | l            |          |   |   |
|  |          |                                       |  |            | l            |          |   |   |
|  |          |                                       | Value \$   | 1          |              |          |   |   |
|  |          |                                       |  | Sub        | tota         | al       |   |   |
| <b>0</b> continuation sheets attached  |          |                                       | (Total of th   |            |              |          | \$  | \$  |
|  |          |                                       |  |            | Γota         |          |   |   |
|  |          |                                       | (Use only on la  | st p       | age          | e)       | \$  | \$  |
|  |          |                                       |  |            |              |          | (Report also on<br>Summary of<br>Schedules.)                      | (If applicable, report<br>also on Statistical<br>Summary of Certain |

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Debtor(s)

(If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Stat  | istical Julilliary of Certain Labilities and Related Pata.  |
|-------|---|
| liste | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
| V     | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TY    | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|       | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|       | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
|       | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|       | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|       | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|       | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|       | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|       | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|       | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|       | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|       | O continuation sheets attached  |

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State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

|   | _        |                                       |   |               |              | _        |                       |
|---|----------|---------------------------------------|---|---------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT    | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 1510  |          |                                       | Medical bill  | П             |              | T        |                       |
| ACL<br>PO Box 27901<br>Milwaukee, WI 53227-0901   |          |                                       |   |               |              |          | 344.10                |
| ACCOUNT NO. <b>9240</b>   | 1        |                                       | Collections   | H             | _            | +        | 044110                |
| Amsher Collection Services, Inc<br>For T-Mobile<br>600 Beacon Pkwy W Ste 300<br>Birmingham, AL 35209-3114 | -        |                                       |   |               |              |          | 1,020.00              |
| ACCOUNT NO.   | 1        |                                       | Assignee or other notification for:   | П             | _            | 十        | ,                     |
| 「Mobile<br>Attn Bankruptcy<br>PO Box 742596<br>Cincinnati, OH 45274-2596                                  |          |                                       | Amsher Collection Services, Inc   |               |              |          |                       |
| ACCOUNT NO.   | T        |                                       | Medical bill from 1/5/09  | П             | 1            | 十        |                       |
| Auburn Foot Clinic<br>8054 S Western Ave<br>Chicago, IL 60620-5936  |          |                                       |   |               |              |          | 50.00                 |
|   |          |                                       | <u> </u>  | L_I<br>Subt   | tota         | +        | 30.00                 |
| 9 continuation sheets attached  |          |                                       | (Total of th  | is pa         | age          | ) [      | 1,414.10              |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Relate | also<br>atist | tica         | n<br>il  | 5                     |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (1                                    | Continuation Sneet)   |             |              |          |                       |
|--|----------|---------------------------------------|---|-------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Medical bill  | П           |              | Ħ        |                       |
| Bud's Ambulance Service<br>PO Box 659<br>Dolton, IL 60419-0659   |          |                                       |   |             |              |          | 346.37                |
| ACCOUNT NO. <b>0567</b>  | ╁        |                                       | Collections   | H           |              | H        | 040.01                |
| Cbcs For Ingalls Memorial Hospital PO Box 2324 Columbus, OH 43216-2334                                   |          |                                       | Concentions   |             |              |          | 1,177.81              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   | П           |              |          |                       |
| Ingalls Memorial Hospital<br>1 Ingalls Dr<br>Harvey, IL 60426-3558                                       |          |                                       | Cbcs  |             |              |          |                       |
| ACCOUNT NO. 8888   |          |                                       | Medical bills from Dec 2008 & Jan 2009  |             |              |          |                       |
| Christian Community Health Center<br>PO Box 288080<br>Chicago, IL 60628-8080                             |          |                                       |   |             |              |          |                       |
| ACCOUNT NO.  |          |                                       | Parking Tickets   |             |              |          | 229.00                |
| City Of Chicago Department Of Revenue<br>PO Box 4941<br>Chicago, IL 60680-4941                           |          |                                       |   |             |              |          |                       |
| ACCOUNT NO.  |          |                                       | Ambulance transport on Feb 2009   |             |              |          | 1,140.00              |
| City Of Chicago EMS<br>33589 Treasury Ctr<br>Chicago, IL 60694-3500                                      |          |                                       |   |             |              |          | 720.00                |
| ACCOUNT NO. 4041   |          |                                       | Medical bill from Feb 2009  | $\vdash$    |              | $\dashv$ | 739.00                |
| Consultants In Clinical Pathology<br>37416 Eagle Way<br>Chicago, IL 60678                                |          |                                       |   |             |              |          |                       |
|  |          |                                       |   |             |              | Ц        | 42.00                 |
| Sheet no1 of9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the   |             | age          | ;)       | \$ 3,674.18           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | als<br>atis | tica         | n<br>al  | \$                    |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (•                                    | Continuation Sneet)  |                             |                             |                      |                       |
|--|----------|---------------------------------------|--|-----------------------------|-----------------------------|----------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE                     | CONTINGENT                  | UNLIQUIDATED                | DISPUTED             | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 1512   |          | Н                                     | Open account opened 12/08  |                             |                             |                      |                       |
| Dependon Collection Se<br>PO Box 4833<br>Oak Brook, IL 60522-4833  |          |                                       |  |                             |                             |                      | 128.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | +                           |                             | H                    | 120.00                |
| Sullivan Urgent Aid Ctr<br>PO Box 5990<br>Carol Stream, IL 60197-5990                                    |          |                                       | Dependon Collection Se   |                             |                             |                      |                       |
| ACCOUNT NO. <b>5994</b>  |          | Н                                     | Open account opened 6/07   | +                           |                             |                      |                       |
| Dependon Collection Se<br>PO Box 4833<br>Oak Brook, IL 60522-4833  |          |                                       |  |                             |                             |                      | 90.00                 |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                             |                             |                      |                       |
| Sullivan Urgent Aid Ctr<br>PO Box 5990<br>Carol Stream, IL 60197-5990                                    |          |                                       | Dependon Collection Se   |                             |                             |                      |                       |
| ACCOUNT NO.  |          |                                       |  | +                           |                             |                      |                       |
| Er Solutions<br>PO Box 9004<br>Renton, WA 98057-9004   |          |                                       |  |                             |                             |                      |                       |
| ACCOUNT NO. <b>2260</b>  | L        |                                       | Medical bills from Feb 2009  | +                           | _                           |                      | 276.37                |
| Evergreen Emergency Servcies PO Box 428080 Evergreen Park, IL 60805-8080                                 |          |                                       | incursar sins from 1 cs 2003   |                             |                             |                      | 725.00                |
| ACCOUNT NO.  | -        |                                       | Assignee or other notification for:  | +                           |                             | H                    | 735.00                |
| Mcs Collections, Inc<br>725 S Wells St Ste 501<br>Chicago, IL 60607-4516                                 |          |                                       | Evergreen Emergency Servcies   |                             |                             |                      |                       |
| Sheet no. <b>2</b> of <b>9</b> continuation sheets attached to   | L        |                                       |  | Sub                         | nto+                        | al                   |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of  (Use only on last page of the completed Schedule F. Repethe Summary of Schedules, and if applicable, on the | this p<br>ort als<br>Statis | oago<br>Tot<br>so c<br>stic | e)<br>al<br>on<br>al | \$ 1,229.37           |
|  |          |                                       | Summary of Certain Liabilities and Rela  | ted D                       | ata                         | ι.)                  | \$                    |

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | ((                                    | Continuation Sheet)   |             |                     |               |                       |
|---|----------|---------------------------------------|---|-------------|---------------------|---------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT  | UNLIQUIDATED        | DISPUTED      | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   | t        |                                       |   | П           |                     |               |                       |
| Evergreen Medical Specialists   |          |                                       |   |             |                     |               |                       |
| 0500  |          |                                       | Callactions   |             |                     |               | 61.20                 |
| ACCOUNT NO. 0580  Global Recovery Services India Pvt LTD Dept 9500 Los Angeles, CA 99084                    |          |                                       | Collections   |             |                     |               | 74.26                 |
| ACCOUNT NO.  Numark Credit Union 272 Caterpillar Dr Joliet, IL 60436-1031                                   |          |                                       | Assignee or other notification for:<br>Global Recovery Services India Pvt LTD   |             |                     |               |                       |
| ACCOUNT NO. 9375 Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558                               |          |                                       | Medical bill  |             |                     |               | 004.05                |
| ACCOUNT NO. 0609 Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558                               |          |                                       | Medical bill  |             |                     |               | 224.65                |
| ACCOUNT NO. 5137 Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558                               |          |                                       | Medical bill  |             |                     |               | 111.33                |
| ACCOUNT NO. 3750  Kroger Check Recovery Center PO Box 30650 Salt Lake City, UT 84130-0650                   |          |                                       | Returned check Jan 2009   |             |                     |               | 87.72                 |
| Sheet no. 3 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>is p |                     |               | \$ 922.35             |
| - ,   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | als<br>atis | Tota<br>o o<br>tica | al<br>n<br>al | \$                    |

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IN RE Porter, Rodney

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Debtor(s)

\_ Case No. \_ (If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | ('                                    | Continuation Sheet)  |                |              |          |                       |
|--|----------|---------------------------------------|--|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)       | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 7161   |          |                                       | Medical bill   | +              |              |          |                       |
| Lca Collections PO Box 2240 Burlington, NC 27216-2240  |          |                                       |  |                |              |          | 676.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              |          |                       |
| American Medical Collection Agency<br>2269 Saw Mill River Rd Ste 3<br>Elmsford, NY 10523-3848                  |          |                                       | Lca Collections  |                |              |          |                       |
| ACCOUNT NO. 3015   |          |                                       | Medical bills from Feb 2009  | +              |              |          |                       |
| Little Co Hospitalst Group<br>2800 W 87th St Ste 100<br>Chicago, IL 60652-3831                                 |          |                                       |  |                |              |          | 365.00                |
| ACCOUNT NO. 6767   |          |                                       | Collections  | $\dagger$      |              |          | 303.00                |
| Medical Recovery Specialists For Ingalls Memorial Hospital 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 |          |                                       |  |                |              |          | 620.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  | T              |              |          | 020.00                |
| Ingalls Memorial Hospital<br>1 Ingalls Dr<br>Harvey, IL 60426-3558   |          |                                       | Medical Recovery Specialists   |                |              |          |                       |
| ACCOUNT NO. <b>9597</b>  |          |                                       | Collections  | ╁              |              | _        |                       |
| Medical Recovery Specialists For Ingalls Memorial Hospital 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 |          |                                       |  |                |              |          | 870.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              |          | 070.00                |
| Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558   | _        |                                       | Medical Recovery Specialists   |                |              |          |                       |
| Sheet no. 4 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims    |          |                                       | (Total of t  |                | age          | e)       | \$ 2,531.00           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | stic         | n<br>al  | \$                    |

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IN RE Porter, Rodney

Debtor(s)

\_ Case No. \_ (If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (1                                    | Continuation Sneet)  |                |              |          |                       |
|--|----------|---------------------------------------|--|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)       | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 6752   |          |                                       | Collections  | T              |              |          |                       |
| Medical Recovery Specialists For Ingalls Memorial Hospital 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 |          |                                       |  |                |              |          | 368.34                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              |          |                       |
| Ingalls Memorial Hospital<br>1 Ingalls Dr<br>Harvey, IL 60426-3558   |          |                                       | Medical Recovery Specialists   |                |              |          |                       |
| ACCOUNT NO. 3072   |          |                                       | Collections  |                |              |          |                       |
| Merchants Credit Guide<br>For Harvey Anesthesiologists<br>223 W Jackson Blvd<br>Chicago, IL 60606-6908         |          |                                       |  |                |              |          | 33.00                 |
| ACCOUNT NO. 5800   |          | Н                                     | Open account opened 9/06   |                |              |          |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       |  |                |              |          |                       |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              |          | 365.00                |
| Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558   | _        |                                       | Mrsi   |                |              |          |                       |
| ACCOUNT NO. 3083   |          | Н                                     | Open account opened 6/06   |                |              |          |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       |  |                |              |          | 158.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                |              |          | 130.00                |
| Ingalls Memorial Hospital<br>1 Ingalls Dr<br>Harvey, IL 60426-3558   |          |                                       | Mrsi   |                |              |          |                       |
| Sheet no. <b>5</b> of <b>9</b> continuation sheets attached to   |          |                                       |  | L              | tot          | al       |                       |
| Sheet no or continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims         |          |                                       | (Total of t  | nis p          |              | e)       | \$ 924.34             |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | o c          | on<br>al | \$                    |

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\_ Case No. \_ (If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | ((                                    | Continuation Sheet)   |                |              |          |                       |
|--|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                   | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 1968   |          | Н                                     | Open account opened 7/06  | +              |              | $\vdash$ |                       |
| Mrsi<br>2250 E Devon Ave Ste 352<br>Des Plaines, IL 60018-4521   |          |                                       | <b></b>   |                |              |          | 445.00                |
| ACCOUNT NO.  | -        |                                       | Assignee or other notification for:   | +              |              | $\vdash$ | 145.00                |
| Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558   |          |                                       | Mrsi  |                |              |          |                       |
| ACCOUNT NO. <b>5704</b>  |          |                                       | Collections   |                |              |          |                       |
| Nationwide Credit & Collection<br>For Little Company Of Mary Hospital<br>9919 W Roosevelt Rd<br>Westchester, IL 60154-2774 |          |                                       |   |                |              |          | 7,591.26              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |                |              |          |                       |
| Little Company Of Mary Hospital<br>Attn: Business Office<br>2800 W 95th St<br>Evergreen Park, IL 60805-2701                |          |                                       | Nationwide Credit & Collection  |                |              |          |                       |
| ACCOUNT NO. <b>5197</b>  |          | Н                                     | Open account opened 8/08  | t              |              |          |                       |
| Peoples Engy<br>130 E Randolph St<br>Chicago, IL 60601   |          |                                       |   |                |              |          | 4 0 4 7 0 0           |
| ACCOUNT NO. <b>7161</b>  |          | Н                                     | Revolving account opened 3/05   |                |              |          | 4,947.00              |
| Plains Comm<br>5109 S Broadband Ln<br>Sioux Falls, SD 57108-2208   |          |                                       |   |                |              |          |                       |
| ACCOUNT NO. <b>0291</b>  |          |                                       | Medical bill from Dec 2008  |                |              | H        | 202.00                |
| Preferred Open MRI<br>4200 W 63rd St<br>Chicago, IL 60629-5010   |          |                                       |   |                |              |          |                       |
|  |          |                                       |   | L              |              | Ц        | 160.00                |
| Sheet no <b>6</b> of <b>9</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of t   | _              | age          | e)       | \$ 13,045.26          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Reporting the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als<br>tatis | tic          | n<br>al  | \$                    |

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Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)   |                    |                  |                  |          |                       |
|--|----------|---------------------------------------|---|--------------------|------------------|------------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINCENT         | TINI TOTIIDA TED | UNLIQUIDALED     | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 9955   |          |                                       | Medical bill  |                    |                  | 1                | +        |                       |
| Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804  | -        |                                       |   |                    |                  |                  |          | 20.20                 |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |                    |                  | +                | +        | 20.20                 |
| Credit Collection Services 2 Wells Ave Dept 587 Newton, MA 02459-3208                                    |          |                                       | Quest Diagnostics   |                    |                  |                  |          |                       |
| ACCOUNT NO. 8490   |          |                                       | Medical bill  |                    |                  |                  | +        |                       |
| Radiology Imaging Specialist<br>39645 Treasury Center<br>Chicago, IL 60694-0001                          |          |                                       |   |                    |                  |                  |          | 40.00                 |
| ACCOUNT NO. <b>6273</b>  |          | Н                                     |   |                    |                  |                  |          | 48.00                 |
| Rmi/mcsi<br>3348 Ridge Rd<br>Lansing, IL 60438-3112  |          |                                       |   |                    |                  |                  |          |                       |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |                    | -                | +                | +        | 168.00                |
| Calumet Dermatology Assoc<br>19 River Oaks Dr<br>Calumet City, IL 60409-5802                             |          |                                       | Rmi/mcsi  |                    |                  |                  |          |                       |
| ACCOUNT NO. 4738   |          | Н                                     |   |                    |                  | +                |          |                       |
| Rmi/mcsi<br>3348 Ridge Rd<br>Lansing, IL 60438-3112  |          |                                       |   |                    |                  |                  |          | 150.00                |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |                    | +                | $\dagger$        | +        | 150.00                |
| Village Of Homewood<br>2020 Chestnut Rd<br>Homewood, IL 60430-1702                                       |          |                                       | Rmi/mcsi  |                    |                  |                  |          |                       |
| Sheet no <b>7</b> of <b>9</b> continuation sheets attached to  |          |                                       |   | Su                 |                  |                  | - 1      |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of Use only on last page of the completed Schedule F. Re the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Re | port al<br>e Stati | To<br>so<br>stic | tal<br>on<br>cal |          | 386.20                |

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Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | ((                                    | Continuation Sheet)  |                |              |           |                       |
|---|----------|---------------------------------------|--|----------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                  | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT     | UNLIQUIDATED | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 1360  |          |                                       | Medical bill from Nov 2008   |                |              |           |                       |
| Southwest Laboratory Phys<br>Dept 77-9288<br>Chicago, IL 60678-0001   |          |                                       |  |                |              |           | 2.70                  |
| ACCOUNT NO. <b>0104</b>   |          |                                       | Medical bill   | $\vdash$       |              | H         | 2.10                  |
| Sullivan Urgent Aid Ctr<br>PO Box 5990<br>Carol Stream, IL 60197-5990   |          |                                       |  |                |              |           | 48.00                 |
| ACCOUNT NO. <b>0103</b>   |          |                                       | Medical bill   | $\vdash$       |              | H         | 40.00                 |
| Sullivan Urgent Aid Ctr<br>PO Box 5990<br>Carol Stream, IL 60197-5990   |          |                                       |  |                |              |           | 80.00                 |
| ACCOUNT NO. 8101  |          |                                       | Medical bill from Nov 2008   | t              |              | $\exists$ |                       |
| Sullivan Urgent Aid Ctr<br>PO Box 5990<br>Carol Stream, IL 60197-5990   |          |                                       |  |                |              |           | 70.00                 |
| ACCOUNT NO.   | -        |                                       | Assignee or other notification for:  | H              |              |           | 79.00                 |
| Dependon Collection Services PO Box 4833 Oak Brook, IL 60522-4833   |          |                                       | Sullivan Urgent Aid Ctr  |                |              |           |                       |
| ACCOUNT NO. 8895  |          |                                       | Medical bill from July & Aug 2007  | $\vdash$       |              | $\dashv$  |                       |
| Sunrise Pediatrics<br>3116 6th St Ste 101<br>Metairie, LA 70002-1762  |          |                                       | inculour bill from only a Aug 2007   |                |              |           | 404.70                |
| ACCOUNT NO. 8894  |          |                                       | Medical bill from July & Aug 2007  | +              |              | $\dashv$  | 124.73                |
| Sunrise Pediatrics<br>3116 6th St Ste 101<br>Metairie, LA 70002-1762  |          |                                       |  |                |              |           |                       |
|   |          |                                       |  |                |              | Ц         | 173.16                |
| Sheet no. <u>8</u> of <u>9</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the  | _              |              | ;)        | \$ 507.59             |
|   |          |                                       | (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als<br>tatis | o o<br>tica  | n<br>al   | \$                    |

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Debtor(s)

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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (                                     | Continuation Sheet)   |             |              |          |                       |
|---|----------|---------------------------------------|---|-------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>5276</b>   |          |                                       | Returned check Dec 2008   | Ħ           |              |          |                       |
| TRS Recovery Services For Payless Shoe Source 5251 Westheimer Rd Houston, TX 77056-5412                     |          |                                       |   |             |              |          | 25.00                 |
| ACCOUNT NO.   |          |                                       | Deficiency amount from repossessed 2002 Jaguar  |             |              |          |                       |
| Wells Fargo Auto Finance<br>2501 Seaport Dr Ste BH30<br>Chester, PA 19013-2249                              |          |                                       | Х-Туре  |             |              |          | 2,155.00              |
| ACCOUNT NO. 9001  |          | Н                                     | Installment account opened 8/05   | Н           |              |          |                       |
| Wffinancial 1 International Plz Philadelphia, PA 19113  |          |                                       |   |             |              |          | 15,144.00             |
| ACCOUNT NO.   |          |                                       |   |             |              |          | ·                     |
| ACCOUNT NO.   |          |                                       |   |             |              |          |                       |
| ACCOUNT NO.   |          |                                       |   |             |              |          |                       |
|   |          |                                       |   |             |              |          |                       |
| ACCOUNT NO.   |          |                                       |   |             |              |          |                       |
| Sheet no. 9 of 9 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  |             | age          | 9)       | \$ 17,324.00          |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | als<br>atis | tica         | n<br>ıl  | \$ 41,958.39          |

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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

IN RE Porter, Rodney

Debtor(s)

Case No. (If known)

# SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status   |   | DEPENDENTS  | OF DEBTOR ANI     | SPOUS          | E                    |                  |        |
|---|---|---|-------------------|----------------|----------------------|------------------|--------|
| Married   |   | RELATIONSHIP(S):<br>Son                                   |                   |                |                      | AGE(S): <b>7</b> |        |
|   |   |   |                   |                |                      |                  |        |
| EMPLOYMENT:   |   | DEBTOR  |                   |                | SPOUSE               |                  |        |
| Occupation Name of Employer How long employed Address of Employer   | Scanner<br>Translogix<br>11 years<br>13227 S Torre<br>Chicago, IL 6 | ence Ave  | Jnemployed        |                |                      |                  |        |
| INCOME: (Estima   | ate of average o  | r projected monthly income at time case filed             | 4)                |                | DEBTOR               |                  | SPOUSE |
|   | gross wages, sa   | alary, and commissions (prorate if not paid mo            |                   | \$<br>\$       | 2,756.00<br>3,911.79 | \$               |        |
| 3. SUBTOTAL   |   |   |                   | \$             | 6,667.79             | \$               | 0.00   |
| <ul><li>4. LESS PAYROLI</li><li>a. Payroll taxes at</li><li>b. Insurance</li><li>c. Union dues</li><li>d. Other (specify)</li></ul> | nd Social Secur   |   |                   | \$\$<br>\$\$   | 1,325.26<br>433.33   |                  |        |
| 5. SUBTOTAL OI  | F PAYROLL I   | DEDUCTIONS  |                   | \$             | 1,758.59             | \$               | 0.00   |
| 6. TOTAL NET M  | IONTHLY TA  | KE HOME PAY   |                   | \$             | 4,909.20             |                  | 0.00   |
| <ul><li>8. Income from real</li><li>9. Interest and divided</li><li>10. Alimony, maint</li></ul>                                    | l property<br>dends<br>tenance or suppo                             | of business or profession or farm (attach deta            |                   | \$<br>\$<br>\$ |                      | \$<br>\$<br>\$   |        |
| that of dependents l<br>11. Social Security   | or other govern   |   |                   | \$             |                      | \$               |        |
| (Specify)   |   |   |                   | · \$           |                      | \$               |        |
| 12. Pension or retire 13. Other monthly i   |   |   |                   | \$             |                      | \$               |        |
|   |   |   |                   | \$<br>\$<br>\$ |                      | \$<br>\$<br>\$   |        |
| 14. SUBTOTAL C  | F LINES 7 TF  | HROUGH 13   |                   | \$             |                      | \$               |        |
| 15. AVERAGE M   | ONTHLY INC  | <b>COME</b> (Add amounts shown on lines 6 and 1           | .4)               | \$             | 4,909.20             | \$               | 0.00   |
|   |   | ONTHLY INCOME: (Combine column total reported on line 15) | als from line 15; |                | \$                   | 4,909.2          | <br>0  |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

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Debtor(s)

(If known)

4,900.00

| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR   | <b>L(S)</b>                      |                                    |
|--|----------------------------------|------------------------------------|
| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorat quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the dependence of the conference of the confe | e any payments<br>eductions from | s made biweekly,<br>income allowed |
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete   | e a separate                     | e schedule of                      |
| expenditures labeled "Spouse."   | •                                |                                    |
|  |                                  |                                    |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$                               | 750.00                             |
| a. Are real estate taxes included? Yes No  |                                  |                                    |
| b. Is property insurance included? Yes No  |                                  |                                    |
| 2. Utilities:  | Φ.                               | 450.00                             |
| a. Electricity and heating fuel  | \$                               | 450.00                             |
| b. Water and sewer   | \$                               | 50.00                              |
| c. Telephone   | \$                               | 50.00                              |
| d. Other Cable And Internet  | \$                               | 150.00                             |
| Cell Phone Plan For Family   | \$                               | 100.00                             |
| 3. Home maintenance (repairs and upkeep)   | \$                               |                                    |
| 4. Food  | \$                               | 625.00                             |
| 5. Clothing  | \$                               | 200.00                             |
| 5. Laundry and dry cleaning  | \$                               | 150.00                             |
| 7. Medical and dental expenses   | \$                               | 350.00                             |
| 3. Transportation (not including car payments)   | \$                               | 250.00<br>100.00                   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$<br>\$                         | 100.00                             |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  | ъ                                | 100.00                             |
| a. Homeowner's or renter's   | \$                               | 150.00                             |
| b. Life  | ф ——                             | 150.00                             |
| c. Health  | \$<br>\$                         |                                    |
|  |                                  | 175.00                             |
|  |                                  | 173.00                             |
| c. ouici   |                                  |                                    |
| 2 Taxes (not deducted from wages or included in home mortgage payments)  | —— Ф ——                          |                                    |
|  | \$                               |                                    |
| (opecity)  |                                  |                                    |
| 3 Installment payments: (in chapter 11–12 and 13 cases, do not list payments to be included in the plan)   | Ψ                                |                                    |
|  | \$                               |                                    |
|  |                                  | 450.00                             |
| of outer eposition and the state of the stat |                                  |                                    |
| 4. Alimony, maintenance, and support paid to others  |                                  | 400.00                             |
|  |                                  |                                    |
|  |                                  |                                    |
|  |                                  | 400.00                             |
|  | \$                               |                                    |
|  | \$                               |                                    |
| d. Auto e. Other  12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)  13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) a. Auto b. Other Spouse Car Payment  14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  17. Other See Schedule Attached   |                                  | 450.0<br>400.0                     |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: MEANS TEST DOES NOT MATCH I, J BECAUSE WAS OFF FOR A WHILE AND WENT BACK.

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

# 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 4,909.20 |
|--|-------------|
| b. Average monthly expenses from Line 18 above       | \$ 4,900.00 |
| c. Monthly net income (a. minus b.)                  | \$ 9.20     |

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Debtor(s)

 ${\bf SCHEDULE\ J-CURRENT\ EXPENDITURES\ OF\ INDIVIDUAL\ DEBTOR(S)}$ 

Continuation Sheet - Page 1 of 1

Other Expenses (DEBTOR)

School Fees 50.00
Personal Care & Grooming 100.00
Car Repairs 100.00
Child Care 150.00

Page 26 of 42

(If known)

(Print or type name of individual signing on behalf of debtor)

IN RE Porter, Rodney

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Debtor(s)

Case No.

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: October 2, 2009 Signature: /s/ Rodney Porter Debtor **Rodney Porter** Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Debtor(s)

# STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

# **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

# 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

6,668.00 2009 Income from employment (monthly)

41,612.00 2008 Income from employment

40,000.00 2007 Income from employment

# 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                       | Case 09-36814 Doc 1 File  | ed 10/02/09 Entered 10<br>ocument Page 28 of   |   | Desc Main  |
|-----------------------|---|--|---|--|
| None                  | b. Debtor whose debts are not primarily consumer preceding the commencement of the case unless the \$5,475. If the debtor is an individual, indicate with obligation or as part of an alternative repayment schedebtors filing under chapter 12 or chapter 13 must is filed, unless the spouses are separated and a join  | r debts: List each payment or other<br>he aggregate value of all property t<br>h an asterisk (*) any payments that<br>nedule under a plan by an approved n<br>include payments and other transfe | transfer to any creditor ma<br>hat constitutes or is affect<br>were made to a creditor or<br>onprofit budgeting and cre | ed by such transfer is less than<br>account of a domestic support<br>dit counseling agency. (Married |
| None                  | c. All debtors: List all payments made within <b>one</b> who are or were insiders. (Married debtors filing u a joint petition is filed, unless the spouses are separately separately and the separately sep | nder chapter 12 or chapter 13 must   | include payments by either  |  |
| 4. Su                 | its and administrative proceedings, executions, ga  | arnishments and attachments  |   |  |
| None                  | a. List all suits and administrative proceedings to<br>bankruptcy case. (Married debtors filing under channot a joint petition is filed, unless the spouses are   | apter 12 or chapter 13 must include  | information concerning ei   |  |
| None                  | b. Describe all property that has been attached, gar<br>the commencement of this case. (Married debtors<br>or both spouses whether or not a joint petition is fi  | filing under chapter 12 or chapter 1   | 13 must include information   | n concerning property of either  |
| Devo<br>Colle<br>8832 | IE AND ADDRESS OF PERSON FOR WHOSE EFIT PROPERTY WAS SEIZED on Financial ection Office S Cicero Ave Lawn, IL 60453-1350   | DATE OF SEIZURE  | DESCRIPTION AND OF PROPERTY \$230 per month   | VALUE  |
| 5. Re                 | possessions, foreclosures and returns   |  |   |  |
| None                  | List all property that has been repossessed by a cre<br>the seller, within <b>one year</b> immediately preceding<br>include information concerning property of either<br>joint petition is not filed.)  | the commencement of this case. (M  | Aarried debtors filing unde   | r chapter 12 or chapter 13 must  |
| Midv<br>6058          | IE AND ADDRESS OF CREDITOR OR SELLER vest Title Loans S Cicero Lawn, IL 60453   | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN<br><b>January 2009</b>  | DESCRIPTION AND OF PROPERTY 1997 Chevy Tahoe  | VALUE  |
| Well<br>2501          | s Fargo Auto Finance<br>Seaport Dr Ste BH30<br>ster, PA 19013-2249  | July 2009  | 2002 Jaguar X-Type  |  |
| 6. As                 | signments and receiverships   |  |   |  |
| None                  | a. Describe any assignment of property for the bene<br>(Married debtors filing under chapter 12 or chapter<br>unless the spouses are separated and joint petition   | 13 must include any assignment by e  |   |  |
| None                  | b. List all property which has been in the hands of commencement of this case. (Married debtors filing spouses whether or not a joint petition is filed, unl  | g under chapter 12 or chapter 13 mus   | t include information conc  |  |
| 7. Gi                 | fts   |  |   |  |
| None                  | List all gifts or charitable contributions made with<br>gifts to family members aggregating less than \$200<br>per recipient. (Married debtors filing under chapter   | in value per individual family memb  | per and charitable contribut  | ions aggregating less than \$100   |

# 8. Losses

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None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|--------------|--|--|---|
| 9. Pa        | yments related to debt counseling or   | <u> </u>   |   |
| None         |  | ransferred by or on behalf of the debtor to any persons, ir<br>cy law or preparation of a petition in bankruptcy within o  |   |
| Glea<br>77 W | E AND ADDRESS OF PAYEE son & Gleason Vashington, Ste 1218 ago, IL 60602  | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOI  | AMOUNT OF MONEY OR DESCRIPTION R AND VALUE OF PROPERTY 901.00   |
| 10. O        | ther transfers   |  |   |
| None         | absolutely or as security within two   | property transferred in the ordinary course of the busines years immediately preceding the commencement of the either or both spouses whether or not a joint petition is   | is case. (Married debtors filing under chapter 12 or  |
| None         | b. List all property transferred by the device of which the debtor is a benefit                                      | debtor within <b>ten years</b> immediately preceding the comm<br>ficiary.  | nencement of this case to a self-settled trust or similar   |
| 11. C        | losed financial accounts   |  |   |
| None         | transferred within <b>one year</b> immedicertificates of deposit, or other instrubrokerage houses and other financia | aments held in the name of the debtor or for the benefit of iately preceding the commencement of this case. Including uments; shares and share accounts held in banks, credit all institutions. (Married debtors filing under chapter 12 or either or both spouses whether or not a joint petition | de checking, savings, or other financial accounts,<br>unions, pension funds, cooperatives, associations,<br>or chapter 13 must include information concerning |
| 12. Sa       | afe deposit boxes  |  |   |
| None         | preceding the commencement of this   | r depository in which the debtor has or had securities, case. (Married debtors filing under chapter 12 or chapte petition is filed, unless the spouses are separated and a ju  | er 13 must include boxes or depositories of either or   |
| 13. Se       | etoffs   |  |   |
| None         | case. (Married debtors filing under c  | including a bank, against a debt or deposit of the debtor chapter 12 or chapter 13 must include information concerns separated and a joint petition is not filed.)   | within <b>90 days</b> preceding the commencement of this erning either or both spouses whether or not a joint   |
| 14. P        | roperty held for another person  |  |   |
| None         | List all property owned by another p   | person that the debtor holds or controls.  |   |
| 15. P        | rior address of debtor   |  |   |
| None         |  | ars immediately preceding the commencement of this case commencement of this case. If a joint petition is filed, re  |   |
|              | RESS<br>S Union Ave, Chicago, IL 60628   | NAME USED  Rodney Porter   | DATES OF OCCUPANCY 2005-2008  |
| 16 6         | nouses and Farmon Chauses  |  |   |

# 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

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# 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

 $\checkmark$ 

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

## 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\checkmark$ 

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: October 2, 2009 | Signature /s/ Rodney Porter   |               |
|-----------------------|-------------------------------|---------------|
|                       | of Debtor                     | Rodney Porter |
| Date:                 | Signature                     |               |
|                       | of Joint Debtor               |               |
|                       | (if any)                      |               |
|                       | O continuation pages attached |               |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

 $_{B6\;Summary\;(\mbox{\sc Form}^{\mbox{\sc Form}^{\sc Form}^{\mbox{\sc Form}^{\sc Form}^{\mbox{\sc Form}^{\mbox{\sc Form}^{\sc Form}^{\mbox{\sc Form}^{\sc Form}^{\sc Form}^{\mbox{\sc Form}^{\mbox{\sc Form}^{\sc Form$ 

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Desc Main

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| IN RE:         |           | Case No.  |
|----------------|-----------|-----------|
| Porter, Rodney |           | Chapter 7 |
|                | Debtor(s) |           |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00     |              |             |
| B - Personal Property  | Yes                  | 3                   | \$ 8,450.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |             | \$ 0.00      |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 10                  |             | \$ 41,958.39 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |             |              |             |
| H - Codebtors  | Yes                  | 1                   |             |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |             |              | \$ 4,909.20 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 2                   |             |              | \$ 4,900.00 |
|  | TOTAL                | 22                  | \$ 8,450.00 | \$ 41,958.39 |             |

Form 6 - Statistical Summary (12/07)

# Doc 1

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| nited State | s Bankrupt    | cy Cour |
|-------------|---------------|---------|
| Northern    | District of 1 | llinois |

| IN RE:         |           | Case No.  |
|----------------|-----------|-----------|
| Porter, Rodney |           | Chapter 7 |
| <u> </u>       | Debtor(s) | *         |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

# State the following:

|  | <br>           |
|--|----------------|
| Average Income (from Schedule I, Line 16)  | \$<br>4,909.20 |
| Average Expenses (from Schedule J, Line 18)  | \$<br>4,900.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20) | \$<br>3,563.44 |

# **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>0.00      |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>41,958.39 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>41,958.39 |

Case 09-36814 Doc 1 B1D (Official Form 1, Exhibit D) (12/08)

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| Case No.   |
|--|
| Chapter 7  |
| TEMENT OF COMPLIANCE<br>REQUIREMENT  |
| regarding credit counseling listed below. If you cannot miss any case you do file. If that happens, you will lose dlection activities against you. If your case is dismissed a second filing fee and you may have to take extra steps  |
| spouse must complete and file a separate Exhibit D. Check  |
| ed a briefing from a credit counseling agency approved by tunities for available credit counseling and assisted me in describing the services provided to me. Attach a copy of the ncy.  |
| ed a briefing from a credit counseling agency approved by tunities for available credit counseling and assisted me in gency describing the services provided to me. You must file and a copy of any debt repayment plan developed through  |
| gency but was unable to obtain the services during the five<br>ances merit a temporary waiver of the credit counseling<br>instances here.]   |
| credit counseling briefing within the first 30 days after<br>gency that provided the counseling, together with a copy<br>ulfill these requirements may result in dismissal of your<br>and is limited to a maximum of 15 days. Your case may<br>your bankruptcy case without first receiving a credit |
| eck the applicable statement.] [Must be accompanied by a   |
| f mental illness or mental deficiency so as to be incapable ponsibilities.);   |
| to the extent of being unable, after reasonable effort, to prough the Internet.);  |
| at the credit counseling requirement of 11 U.S.C. § 109(h)   |
| and correct.   |
|  |

Date: October 2, 2009

Signature of Debtor: /s/ Rodney Porter

 $Case~09\text{-}36814~~Doc~1\\ \text{B8 (Official Form 8) (12/08)}$ 

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**Northern District of Illinois** 

| IN RE:   |   |                       | Case No  |  |  |
|--|---|-----------------------|--|--|--|
| Porter, Rodney   |   |                       | Chapter 7  |  |  |
|  | Debtor(s)                               |                       |  |  |  |
| CHAPTER  | 7 INDIVIDUAL DEBT                       | TOR'S STATEME         | NT OF INTENTION  |  |  |
| <b>PART A</b> – Debts secured by property estate. Attach additional pages if nec             |   | be fully completed fo | r EACH debt which is secured by property of the                      |  |  |
| Property No. 1   |   |                       |  |  |  |
| Creditor's Name:   |   | Describe Proper       | rty Securing Debt:   |  |  |
| Property will be (check one):  Surrendered Retained  |   |                       |  |  |  |
| If retaining the property, I intend to  Redeem the property Reaffirm the debt Other. Explain | (check at least one):                   | (fo.                  | r example, avoid lien using 11 U.S.C. § 522(f)).                     |  |  |
| Property is (check one):  ☐ Claimed as exempt ☐ Not cla                                      | aimed as exempt                         |                       |  |  |  |
| Property No. 2 (if necessary)  |   |                       |  |  |  |
| Creditor's Name:   |   | Describe Proper       | Describe Property Securing Debt:                                     |  |  |
| Property will be (check one):  Surrendered Retained  |   |                       |  |  |  |
| If retaining the property, I intend to  Redeem the property Reaffirm the debt Other. Explain | (check at least one):                   | (fo                   | r example, avoid lien using 11 U.S.C. § 522(f)).                     |  |  |
| Property is (check one):  ☐ Claimed as exempt ☐ Not cla                                      | aimed as exempt                         |                       |  |  |  |
| <b>PART B</b> – Personal property subject t additional pages if necessary.)                  | to unexpired leases. (All thre          | e columns of Part B m | ust be completed for each unexpired lease. Attach                    |  |  |
| Property No. 1   |   |                       |  |  |  |
| Lessor's Name:   | Describe Lease                          | ed Property:          | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| Property No. 2 (if necessary)  |   |                       |  |  |  |
| Lessor's Name:   | Describe Lease                          | ed Property:          | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |  |
| continuation sheets attached (if a   | any)                                    |                       |  |  |  |
| I declare under penalty of perjury<br>personal property subject to an und                    |   | ny intention as to an | y property of my estate securing a debt and/or                       |  |  |
| Date: October 2, 2009  | /s/ Rodney Porter<br>Signature of Debto |                       |  |  |  |

Signature of Joint Debtor

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Porter, Rodney

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors \_\_\_\_49

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 2, 2009

/s/Rodney Porter
Debtor

Joint Debtor

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Porter, Rodney 8922 S Ada St Apt 2 Chicago, IL 60620-3401 Document Page 36 of 42 Christian Community Health Center PO Box 288080 Chicago, IL 60628-8080

Evergreen Emergency Servcies PO Box 428080 Evergreen Park, IL 60805-8080

Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 City Of Chicago Department Of Revenue PO Box 4941 Chicago, IL 60680-4941 Foot And Ankle Cincs Of 9933 S Western Ave Ste 1 Chicago, IL 60643

ACL PO Box 27901 Milwaukee, WI 53227-0901 City Of Chicago EMS 33589 Treasury Ctr Chicago, IL 60694-3500

Global Recovery Services India Pvt LTD Dept 9500 Los Angeles, CA 99084

American Medical Collection Agency 2269 Saw Mill River Rd Ste 3 Elmsford, NY 10523-3848 Consultants In Clinical Pathology 37416 Eagle Way Chicago, IL 60678 Ingalls Memorial Hospital 1 Ingalls Dr Harvey, IL 60426-3558

Amsher Collection Services, Inc For T-Mobile 600 Beacon Pkwy W Ste 300 Birmingham, AL 35209-3114 Credit Collection Services 2 Wells Ave Dept 587 Newton, MA 02459-3208 Kroger Check Recovery Center PO Box 30650 Salt Lake City, UT 84130-0650

Auburn Foot Clinic 8054 S Western Ave Chicago, IL 60620-5936 Credit One Bank PO Box 98872 Las Vegas, NV 89193-8872 Lca Collections PO Box 2240 Burlington, NC 27216-2240

Bluegreen Corp 4960 Blue Lake Dr Boca Raton, FL 33431-4453

Credit Protection Asso 13355 Noel Rd Ste 2100 Dallas, TX 75240-6837 Little Co Hospitalst Group 2800 W 87th St Ste 100 Chicago, IL 60652-3831

Bud's Ambulance Service PO Box 659 Dolton, IL 60419-0659

Dependon Collection Se PO Box 4833 Oak Brook, IL 60522-4833 Little Company Of Mary Hospital Attn: Business Office 2800 W 95th St Evergreen Park, IL 60805-2701

Calumet Dermatology Assoc 19 River Oaks Dr Calumet City, IL 60409-5802 Dependon Collection Services PO Box 4833 Oak Brook, IL 60522-4833 Mcs Collections, Inc 725 S Wells St Ste 501 Chicago, IL 60607-4516

Cbcs For Ingalls Memorial Hospital PO Box 2324 Columbus, OH 43216-2334 Er Solutions PO Box 9004 Renton, WA 98057-9004

Medical Recovery Specialists For Ingalls Memorial Hospital 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 Merchants Credit Guide For Harvey Anesthesiologists 223 W Jackson Blvd Chicago, IL 60606-6908 Document Rwds660-meta C/O Total Card Inc Sioux Falls, SD 57109

Wffinancial 1 International Plz Philadelphia, PA 19113

Mrsi 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4521 Southwest Laboratory Phys Dept 77-9288 Chicago, IL 60678-0001

Nationwide Credit & Collection For Little Company Of Mary Hospital 9919 W Roosevelt Rd Westchester, IL 60154-2774 Sullivan Urgent Aid Ctr PO Box 5990 Carol Stream, IL 60197-5990

Numark Credit Union 272 Caterpillar Dr Joliet, IL 60436-1031 Sunrise Pediatrics 3116 6th St Ste 101 Metairie, LA 70002-1762

Peoples Engy 130 E Randolph St Chicago, IL 60601

T Mobile Attn Bankruptcy PO Box 742596 Cincinnati, OH 45274-2596

Plains Comm 5109 S Broadband Ln Sioux Falls, SD 57108-2208 TRS Recovery Services For Payless Shoe Source 5251 Westheimer Rd Houston, TX 77056-5412

Preferred Open MRI 4200 W 63rd St Chicago, IL 60629-5010 United Auto Credit Co 18191 Von Karman Ave Irvine, CA 92612

Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804 Verizon Wireless/great 1515 E Woodfield Rd Ste 140 Schaumburg, IL 60173

Radiology Imaging Specialist 39645 Treasury Center Chicago, IL 60694-0001 Village Of Homewood 2020 Chestnut Rd Homewood, IL 60430-1702

Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112 Wells Fargo Auto Finance 2501 Seaport Dr Ste BH30 Chester, PA 19013-2249

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| IN RE Porter, Rodney                |       |                | Case No.                  |           |  |

Debtor(s)

(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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| IN RE Porter, Rodney            |       | Document       | rage 39 01 42                     | Case No.   |            |  |
|                                 |       | Debtor(s)      |                                   |            | (If known) |  |

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

✓ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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# Case 09-36814

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Debtor(s)

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Chapter 7

Case No.

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**Northern District of Illinois** 

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

| 1   | <ol> <li>Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(some year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered of or in connection with the bankruptcy case is as follows:</li> </ol>   |                           |                  |
|---|--|---------------------------|------------------|
|   | For legal services, I have agreed to accept  | \$                        | 901.00           |
|   | Prior to the filing of this statement I have received  | \$                        | 901.00           |
|   | Balance Due  | \$                        | 0.00             |
| 2   | 2. The source of the compensation paid to me was: Debtor Dother (specify):   |                           |                  |
| 3   | 3. The source of compensation to be paid to me is: Debtor Dother (specify):  |                           |                  |
| 4   | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associated associated as a second state of the compensation with any other person unless they are members and associated as a second state of the compensation with any other person unless they are members and associated as a second state of the compensation with any other person unless they are members and associated as a second state of the compensation with any other person unless they are members and associated as a second state of the compensation with any other person unless they are members and associated as a second state of the compensation with the compensation with a second state of the compensation with the compensation with the compe | iates of my law firm.     |                  |
| <u>Ś</u>  | I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates together with a list of the names of the people sharing in the compensation, is attached.   | of my law firm. A copy of | f the agreement, |
| ğ ;   | 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |                           |                  |
| -2009 LET IIIIB, IIIC. [1-000-990-2464] - 1 0IIIIS 0018 | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptey matters;</li> <li>e. [Other provisions as needed]</li> </ul>  | 1 7                       |                  |
|   | 6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  Litigation / Adversary Proceedings  \$400.00 for Motions to Redeem  Credit Counseling Fees   |                           |                  |

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 2, 2009

/s/ Troy L Gleason

Date

Troy L Gleason 6276510 Gleason 62/6510 Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com

IN RE:

Porter, Rodney

| UNITI                               | ED ST  | ATES BANKRUPTCY                    | COURT NORTHERI<br>DIVISION                                  | N DISTRICT OF ILLINOIS  | EASTERN     |  |
|-------------------------------------|--|------------------------------------|---|---|-------------|--|
| IN RE                               | :<br>Debto   | /s/ Rodney Porter<br>or(s)         | EASTERN<br>) Ban  | N<br>) Chapter 7<br>akruptcy Case No.   |             |  |
|                                     |  |                                    | TION REGARDING I<br>y Debtor(s) or Corpo                    | ELECTRONIC FILING<br>orate Representative   |             |  |
|                                     |  | То Ве                              | Used When Filing  | over the Internet   |             |  |
| PART                                | I - DE   | CLARATION OF PETI                  | TIONER  | Date:October 02, 2009   | )           |  |
| A.                                  | To be  | completed in all cases             | S.  |   |             |  |
|                                     | declare  |                                    | that the information I(we                                   | , corporate officer, partner, or membe) have given my (our)attorney, include the electronically   |             |  |
| Filing Fe<br>United St<br>understaa | e, is true a<br>tates Bank<br>and that fa  | and correct. I(we) consent to my(o | our) attorney sending the petition at this DECLARATION must | in installments, and Application for Waiver of on, statements, schedules, and this DECLARAT be filed with the Clerk in addition to the petitionissed pursuant to 11 | TION to the |  |
| В.                                  | To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7. |                                    |   |   |             |  |
|                                     |  | Title 11 United State              | esCode; I(we) understar                                     | proceed under Chapter 7, 11, nd the relief available under each suctive) request relief in accordance with  | ch chapter; |  |
| C.                                  | C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.   |                                    |   |   |             |  |
|                                     | G  |                                    | horized to file this petition                               | rmation provided in this petition is truent on behalf of the debtor. The debtor the petition.   |             |  |
|                                     | Signat   | ure:                               |   | Signature:<br>or or Corporate Officer, Partner or Me  | ember)      |  |

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(Joint Debtor)